

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08-CV-2880

Florence Suchomski,

v.

The Hartford Life Insurance Company, and Dress Barn
Incorporated Group Long Term Disability Plan

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Hartford Life Insurance Company and Dress Barn Incorporated Group Long Term Disability Plan.

NAME (Type or print) Elizabeth G. Doolin	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Elizabeth G. Doolin	
FIRM Chittenden, Murday & Novotny LLC	
STREET ADDRESS 303 West Madison Street, Suite 1400	
CITY/STATE/ZIP Chicago, Illinois 60606	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 06210358	TELEPHONE NUMBER 312.281.3604
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	